

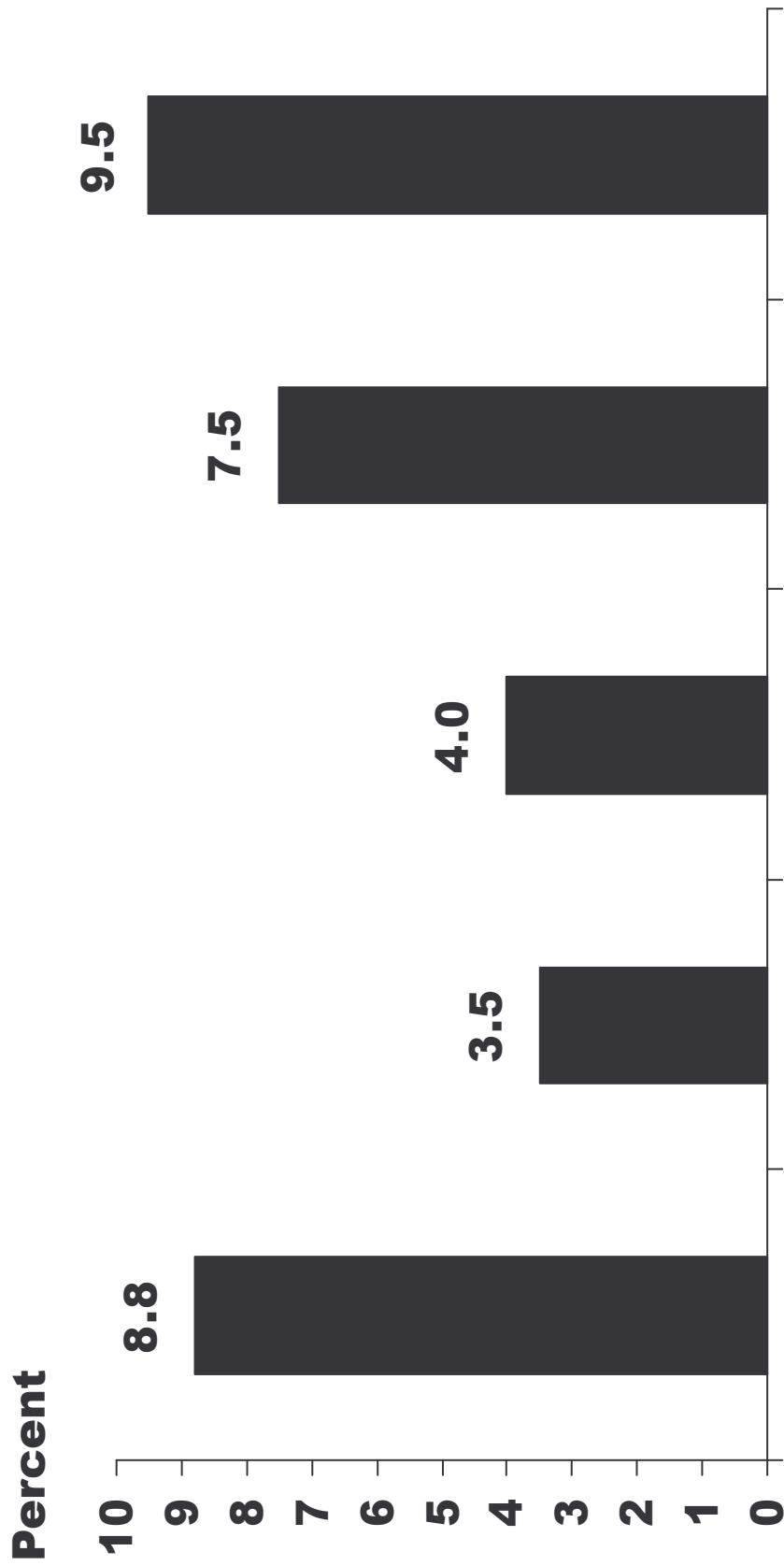


# **Hospital Pricing and Patient Financial Risk**

**Karen Davis**  
**President, The Commonwealth Fund**  
**June 22, 2004**

**Hearing on Pricing Practices of Hospitals**  
**Subcommittee on Oversight**  
**Committee on Ways and Means**  
**U.S. House of Representatives**

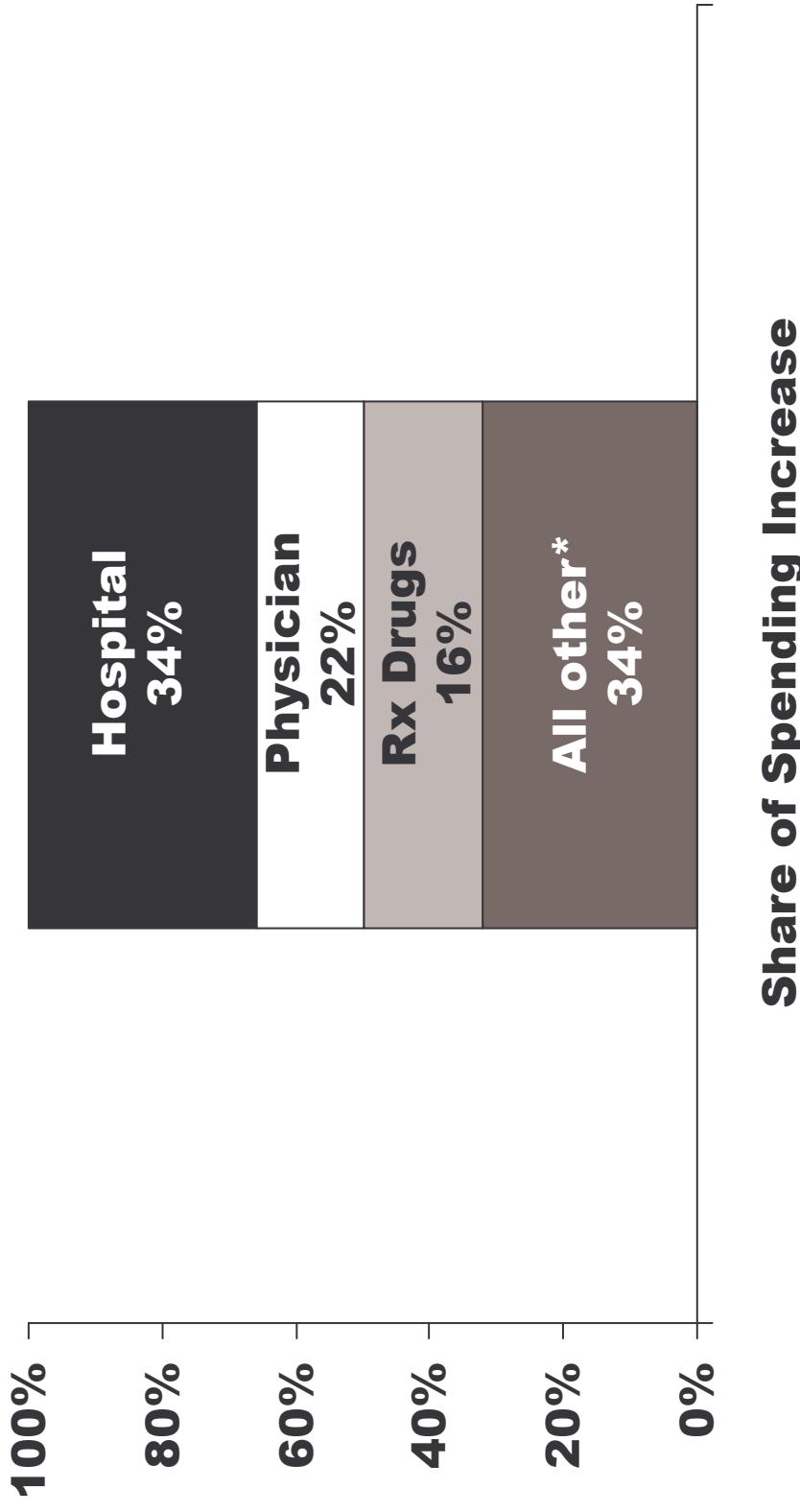
# Average Annual Growth in Hospital Costs, 1988–2002



Source: K. Levit et al., "Health Spending Rebound Continues in 2002," *Health Affairs* (January/February 2004): 147–159.



# Hospital Costs Are a Major New Source of Increased Outlays, 2002

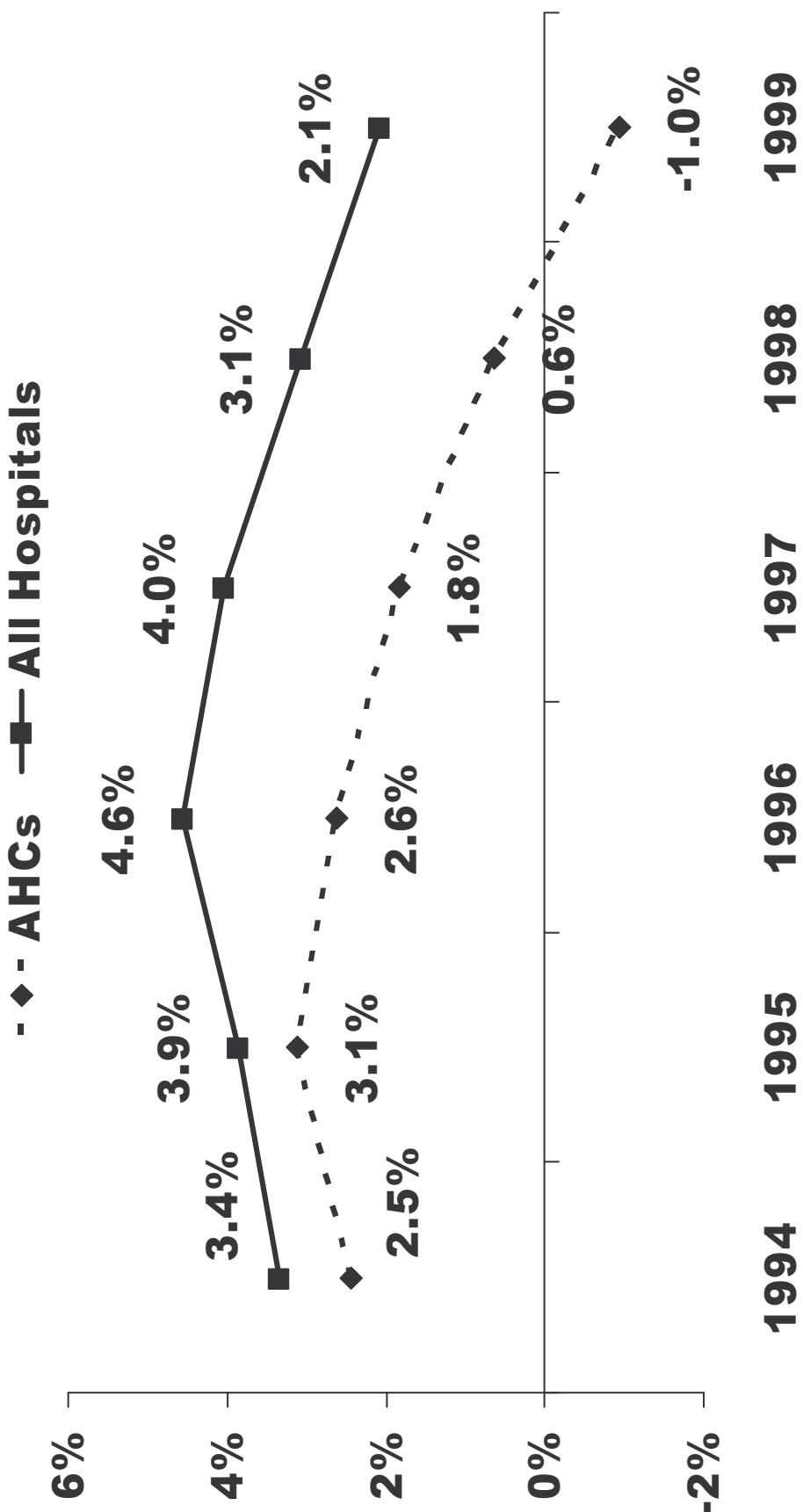


\* Includes spending for dental, other professional, and other personal health care services; home health and nursing home care; durable and other nondurable medical products; administration and insurance net cost; government public health; medical research; and medical construction.

Source: K. Levit et al., "Health Spending Rebound Continues in 2002," *Health Affairs* (January/February 2004): 147–159.



## Trends in Operating Margins of All Hospitals and Academic Health Centers, 1994-1999

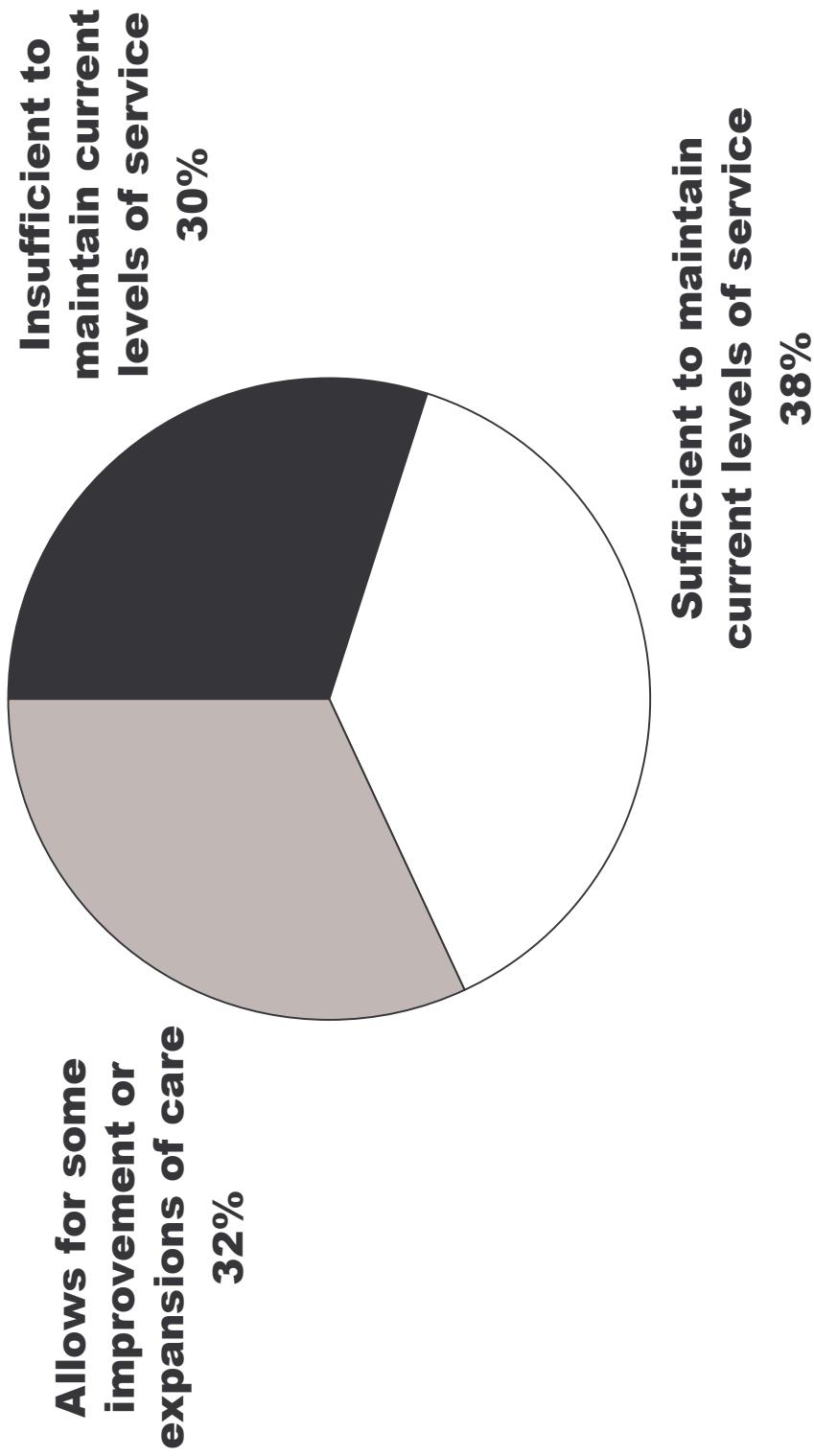


Note: Operating Margin =  $(\text{Net revenue} - \text{Non-operating Revenue} - \text{Hospital Expense}) / (\text{Net Revenue} - \text{Non-Operating Revenue})$ . AHC includes reported community hospitals data only; Total includes reported and imputed community hospital data only.

Source: Commonwealth Fund; Report by Allen Dobson, Lane Koenig, Namrata Sen, Silver Ho, Lewin Group, Analysis of AHA Annual Survey data.

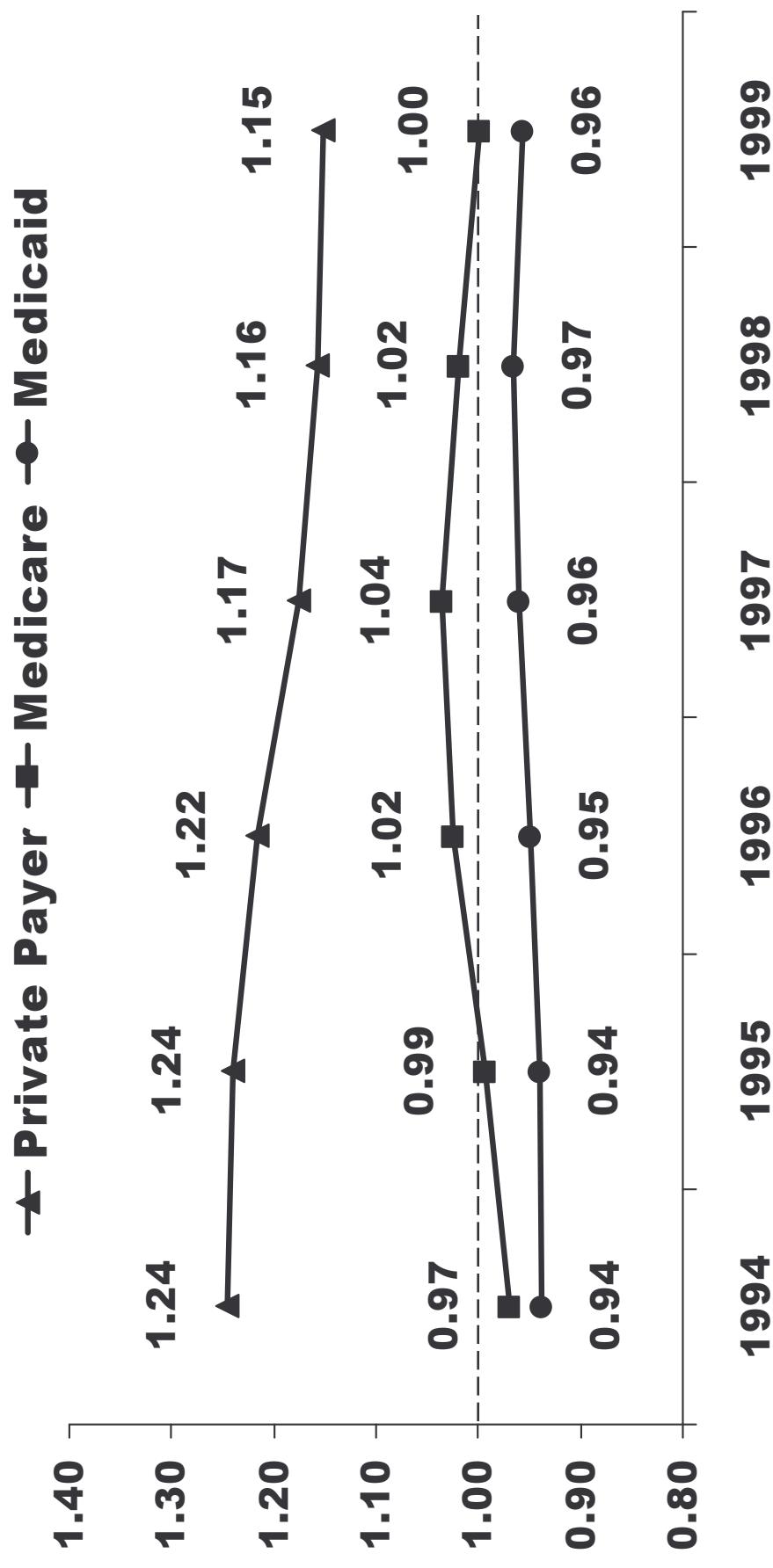


## Current Financial Situation of U.S. Hospitals



Source: 2003 Commonwealth Fund International Health Policy Survey of Hospital CEOs.

# Trends in Payment to Cost Ratios by Payer for All U.S. Hospitals, 1994-1999

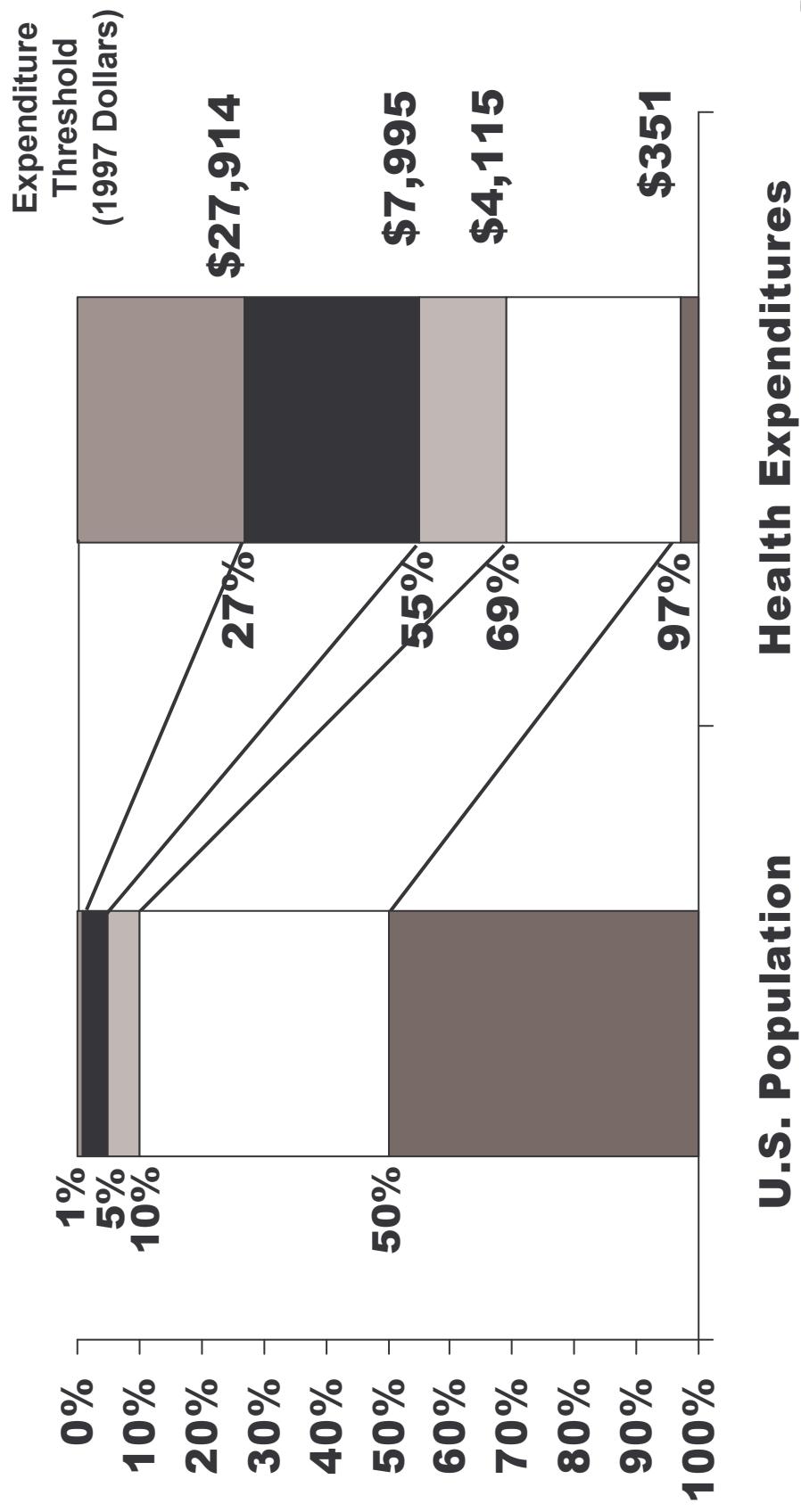


Note: Includes reported community hospital data only.  
 Source: Commonwealth Fund; Report by Allen Dobson, Lane Koenig, Namrata Sen, Silver Ho, Lewin Group, Analysis of AHA Annual Survey data.



# Health Care Costs Concentrated in Sick Few<sup>6</sup>

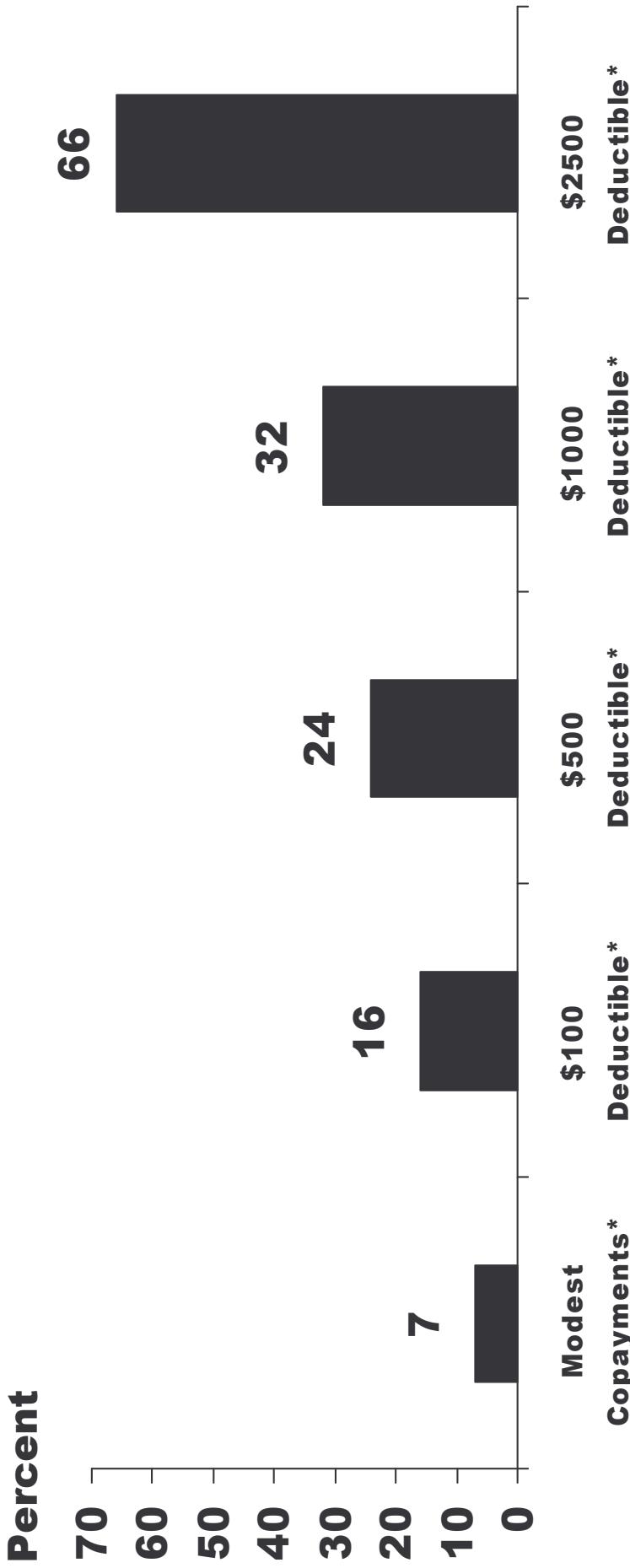
## Distribution of Health Expenditures for the U.S. Population, By Magnitude of Expenditure, 1997



Source: A.C. Monheit, "Persistence in Health Expenditures in the Short Run: Prevalence and Consequences," *Medical Care* 41, supplement 7 (2003): III53–III64.

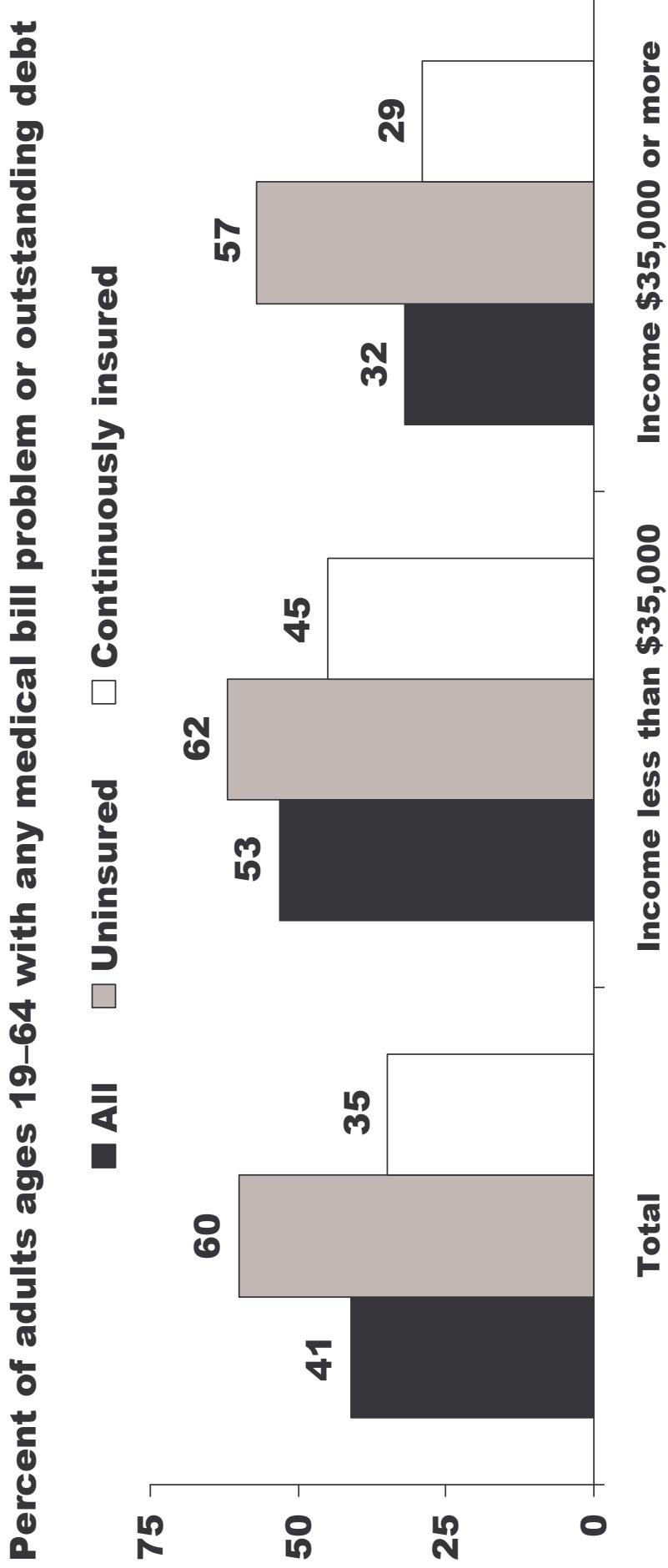
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# Percent of Hospitalized Patients with Out-of-Pocket Costs Exceeding 10% of Income by Cost-Sharing Amount



Source: S. Trude, *Patient Cost Sharing: How Much is Too Much?* Center for Studying Health System Change, December 2003.

## Two of Five Adults Have Medical Bill Problems or Accrued Medical Debt:<sup>\*</sup> Uninsured and Low Income Most at Risk



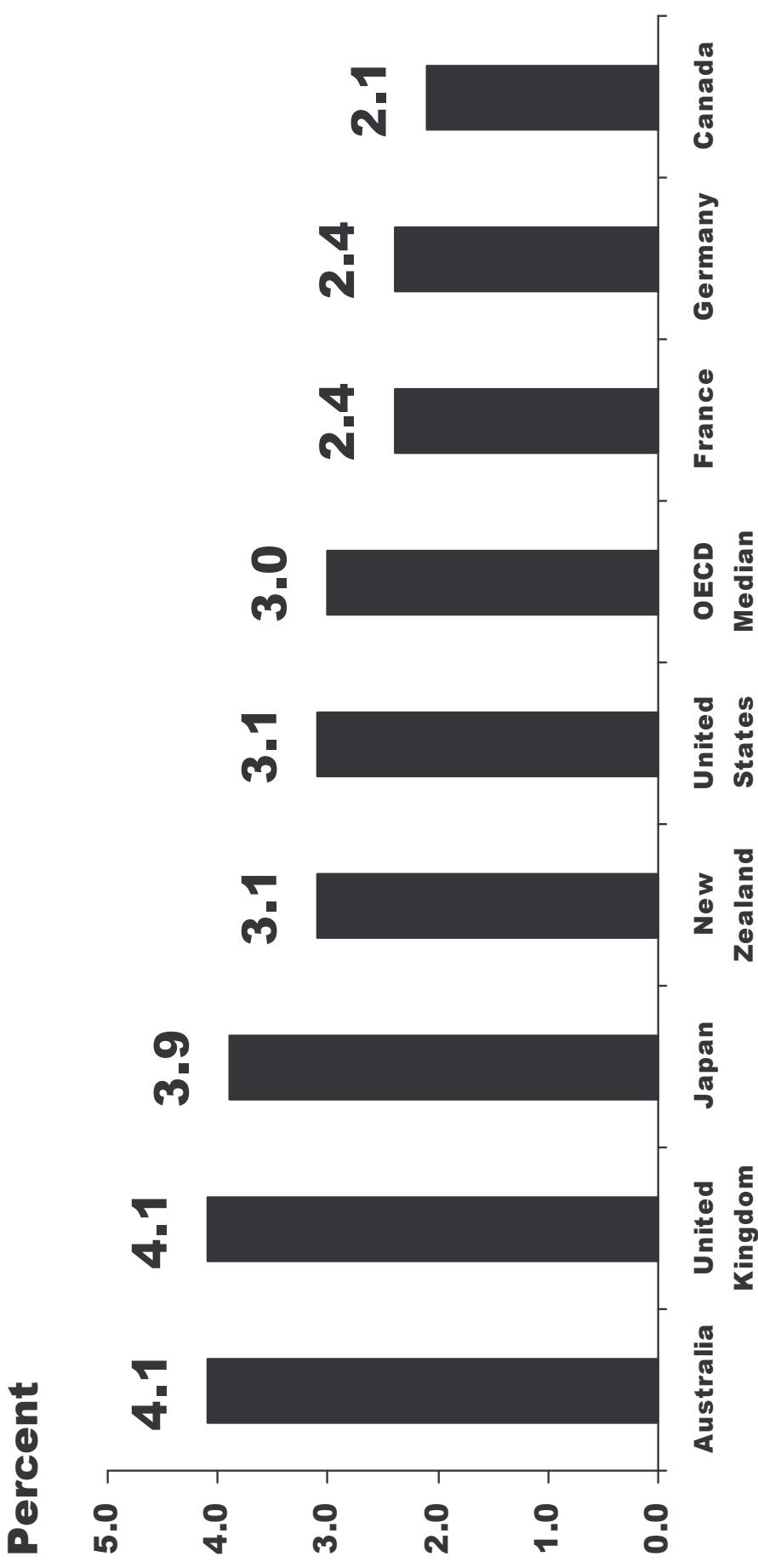
\* Problems paying/not able to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills, or has medical debt being paid off over time.

Note: Income groups based on 2002 household income.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

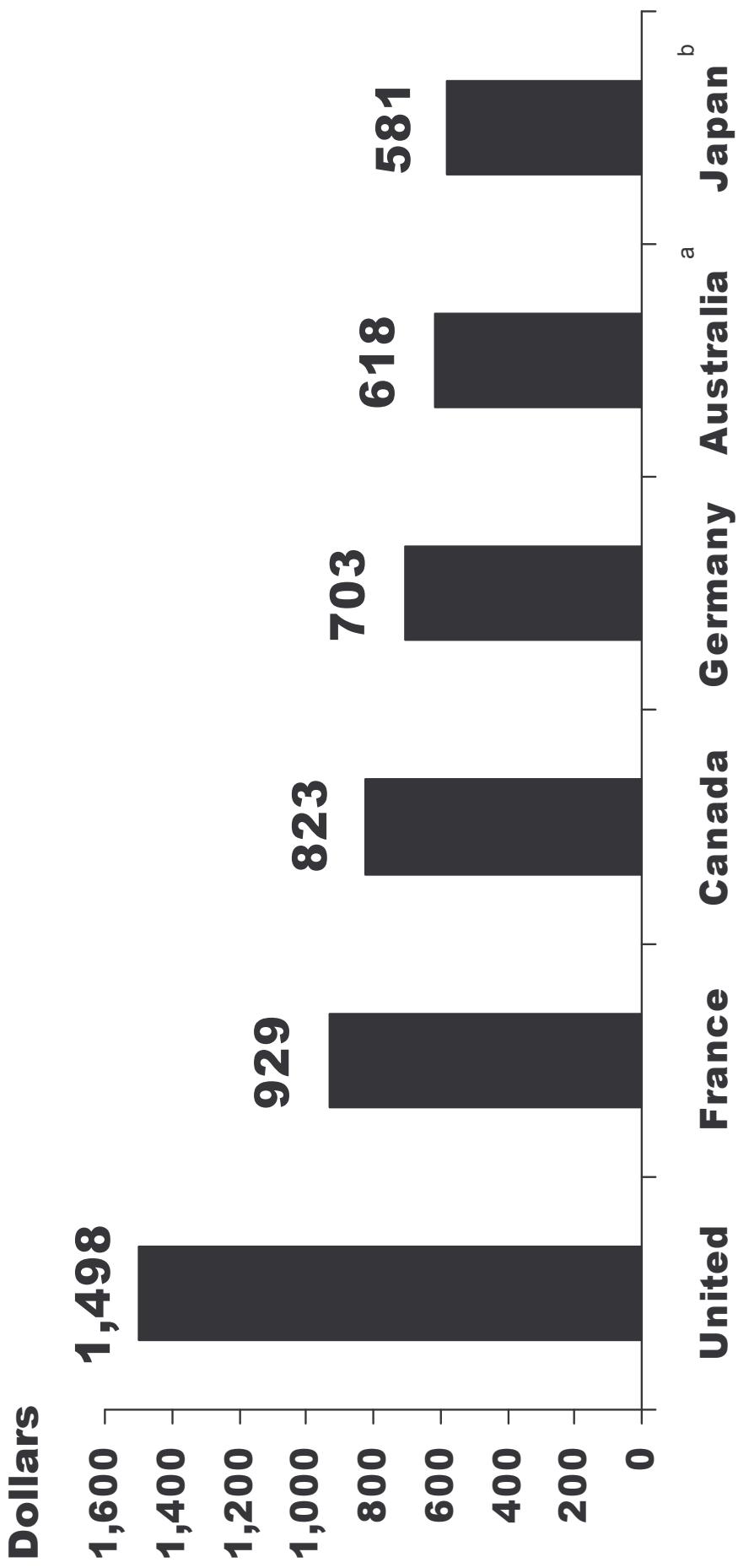


# Average Annual Growth Rate of Total Health Care Spending per Capita Between 1991 and 2001 in Selected Countries



Source: U.E. Reinhardt, P.S. Hussey, and G.F. Anderson, "U.S. Health Care Spending in an International Context," *Health Affairs* (May/June 2004): 10–25.

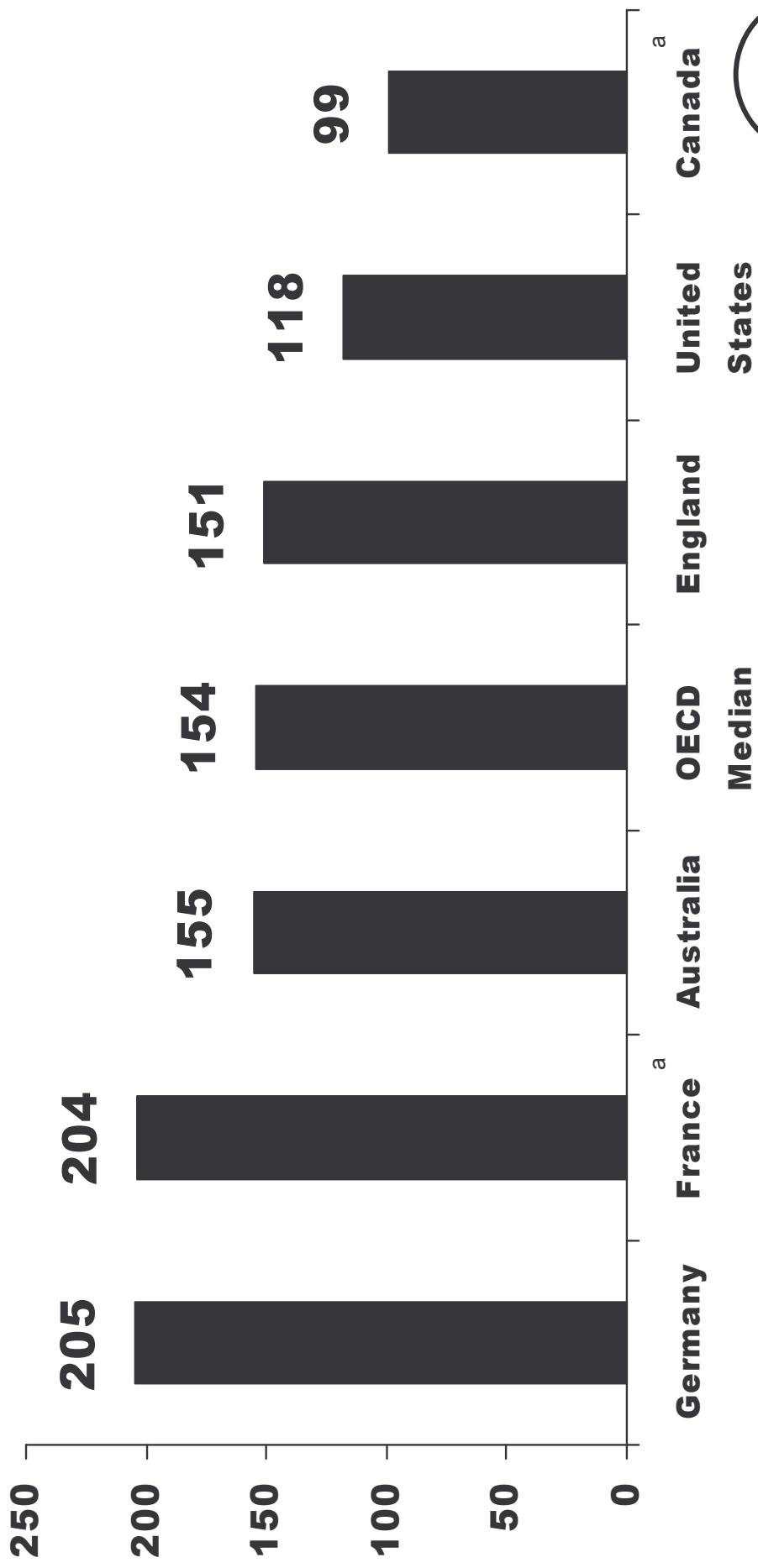
# Hospital Spending per Capita in 2000 Adjusted for Differences in the Cost of Living



Source: G. Anderson et al., *Multinational Comparisons of Health Systems Data, 2002*, The Commonwealth Fund, October 2002.

# Hospital Admissions for Acute Care per 1,000 Population in 2000

Number of admissions per 1,000 population

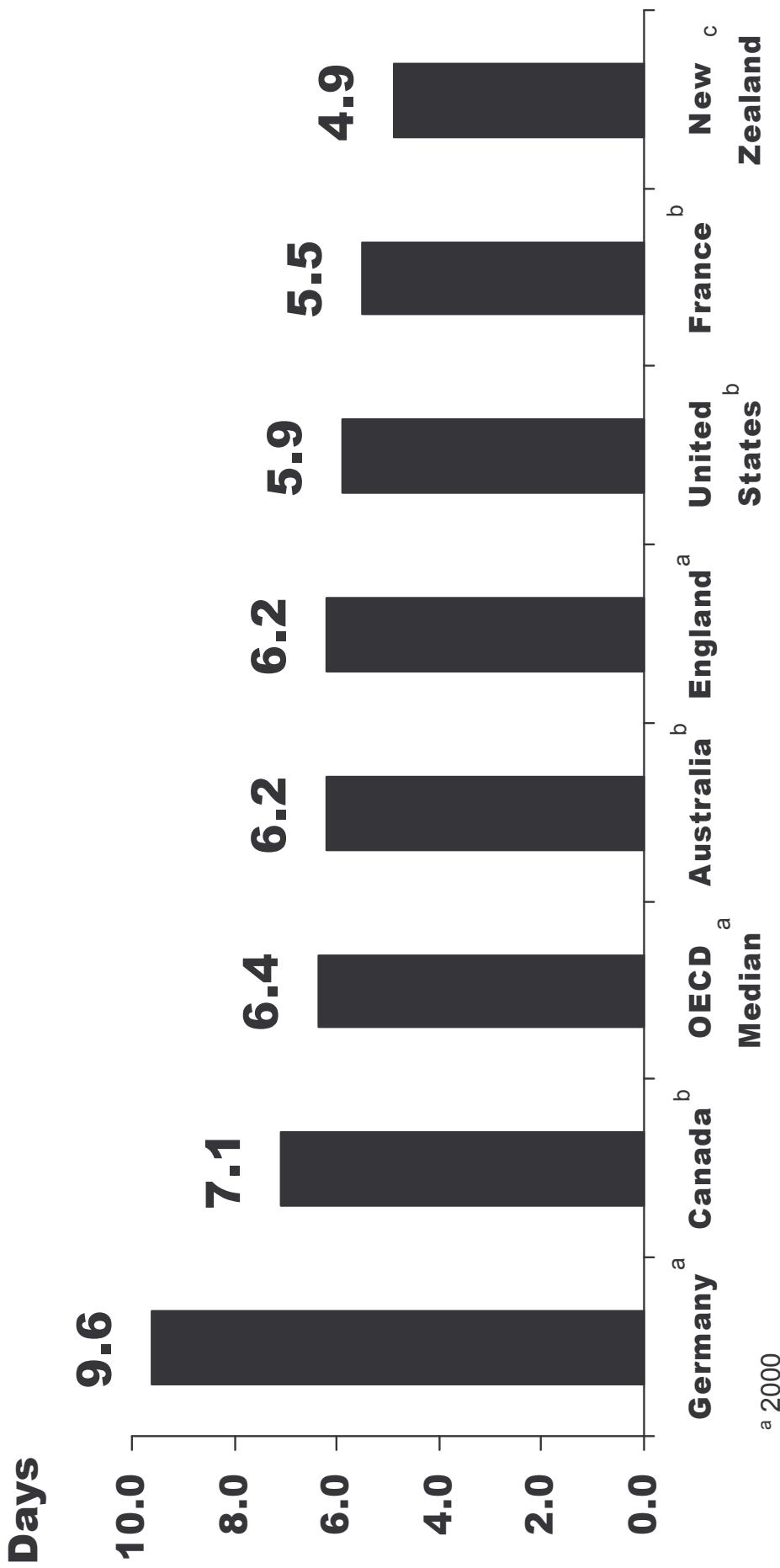


<sup>a</sup> 1999

Source: G. Anderson et al., *Multinational Comparisons of Health Systems Data, 2002*, The Commonwealth Fund, October 2002.



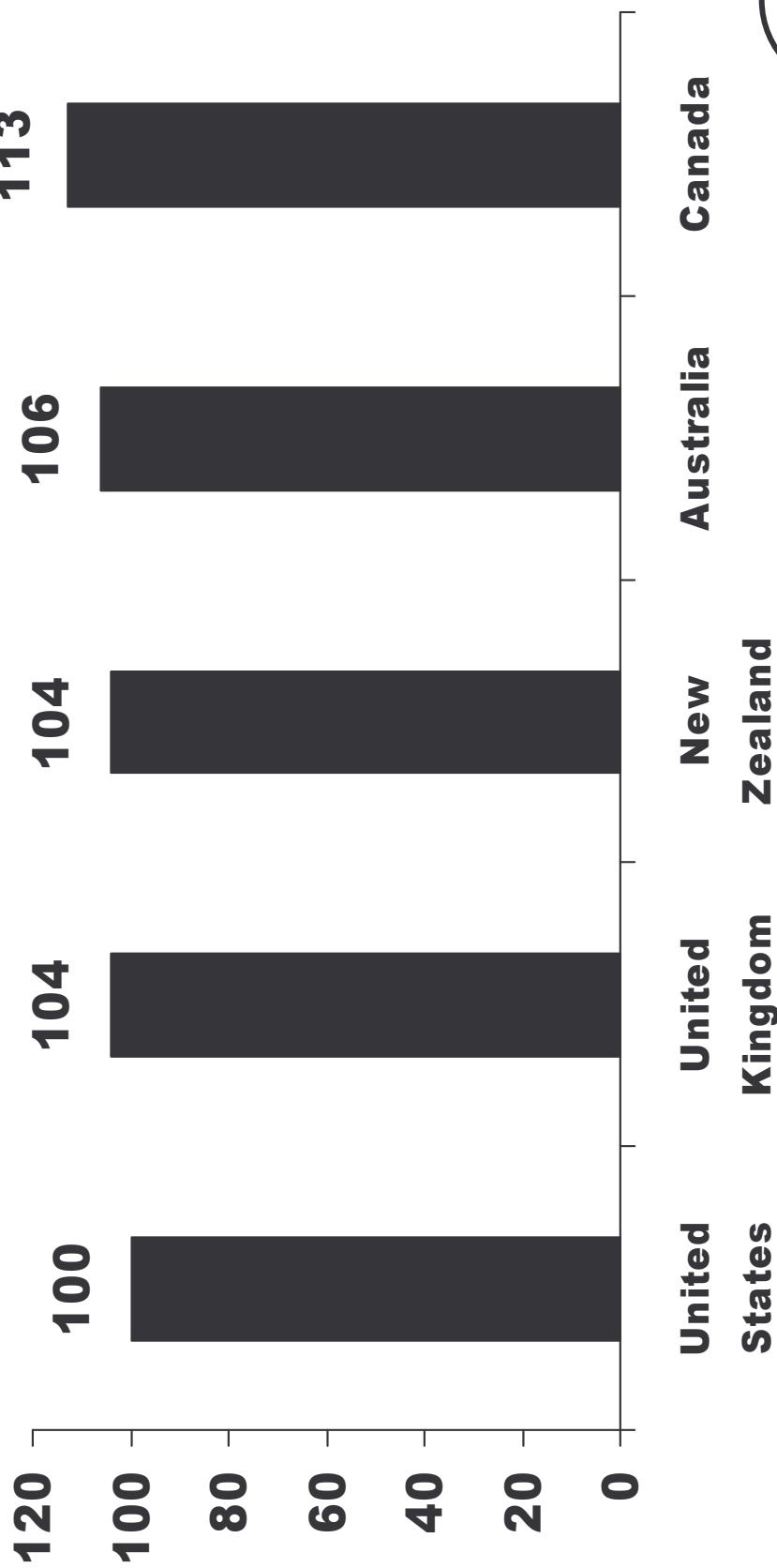
# Average Length of Hospital Stay for Acute Care



Source: G. Anderson et al., *Multinational Comparisons of Health Systems Data, 2002*, The Commonwealth Fund, October 2002.

# Kidney Transplant Five-Year Relative Survival Rate

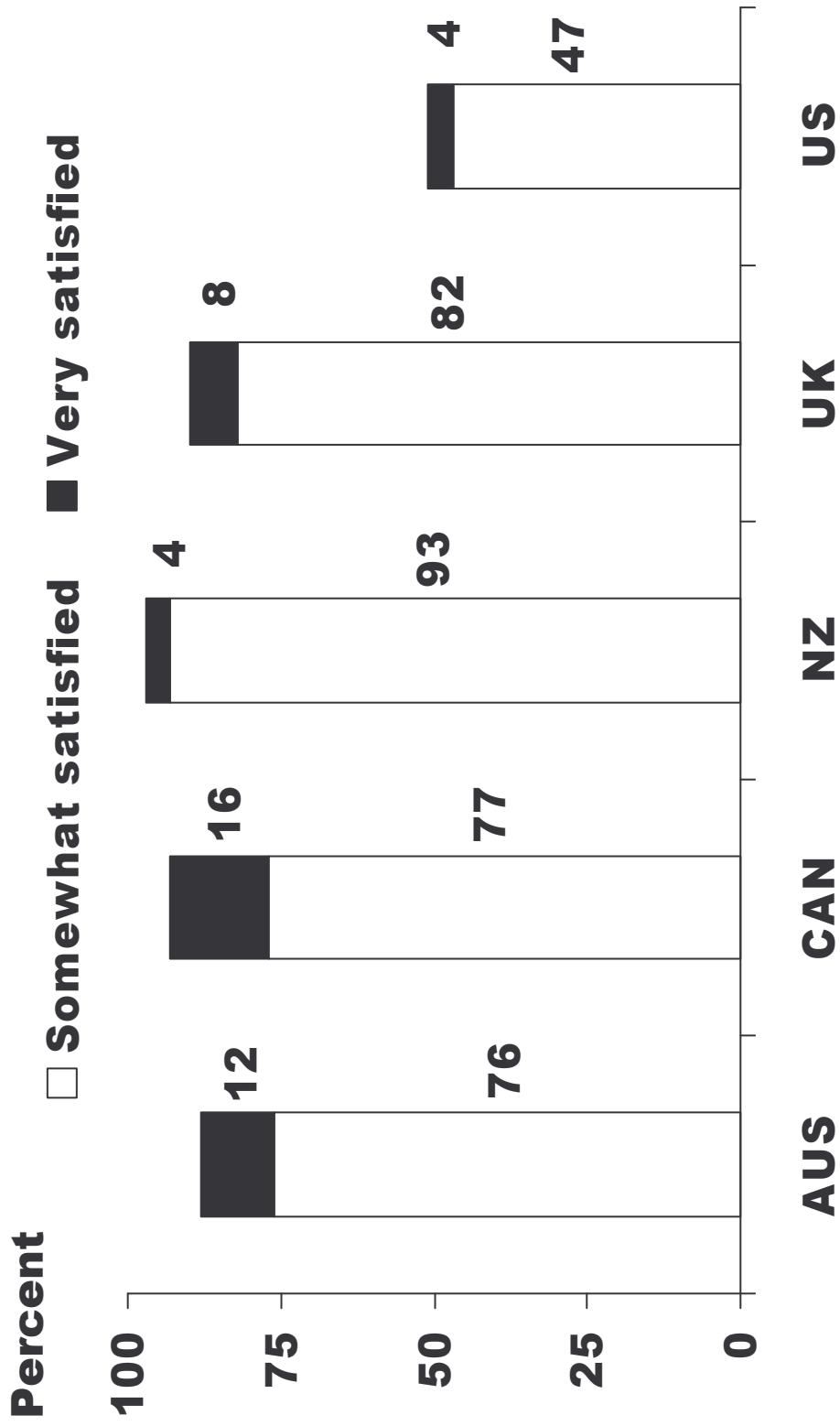
**Standardized Performance on Quality Indicator  
100=Worst Result; Higher Score=Better Results**



Source: P.S. Hussey et al., "How Does the Quality of Medical Care Compare in Five Countries?" *Health Affairs*, May/June 2004.



# Satisfaction with the Health Care System



Source: 2003 Commonwealth Fund International Health Policy Survey of Hospital CEOs.

# Disclosing Hospital Quality Information to the Public: Views of Hospital CEOs in Five Nations

<b>Percent saying should NOT be released to the public:</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Mortality rates for specific conditions</b>	<b>34%</b>	<b>26%</b>	<b>18%</b>	<b>16%</b>	<b>31%</b>
<b>Frequency of specific procedures</b>	<b>16</b>	<b>5</b>	<b>4</b>	<b>13</b>	<b>15</b>
<b>Medical error rate</b>	<b>31</b>	<b>18</b>	<b>25</b>	<b>15</b>	<b>40</b>
<b>Patient satisfaction ratings</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>17</b>
<b>Average waiting times for elective procedures</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>29</b>
<b>Nosocomial infection rates</b>	<b>25</b>	<b>10</b>	<b>25</b>	<b>9</b>	<b>29</b>

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Source: 2003 Commonwealth Fund International Health Policy Survey of Hospital CEOs.

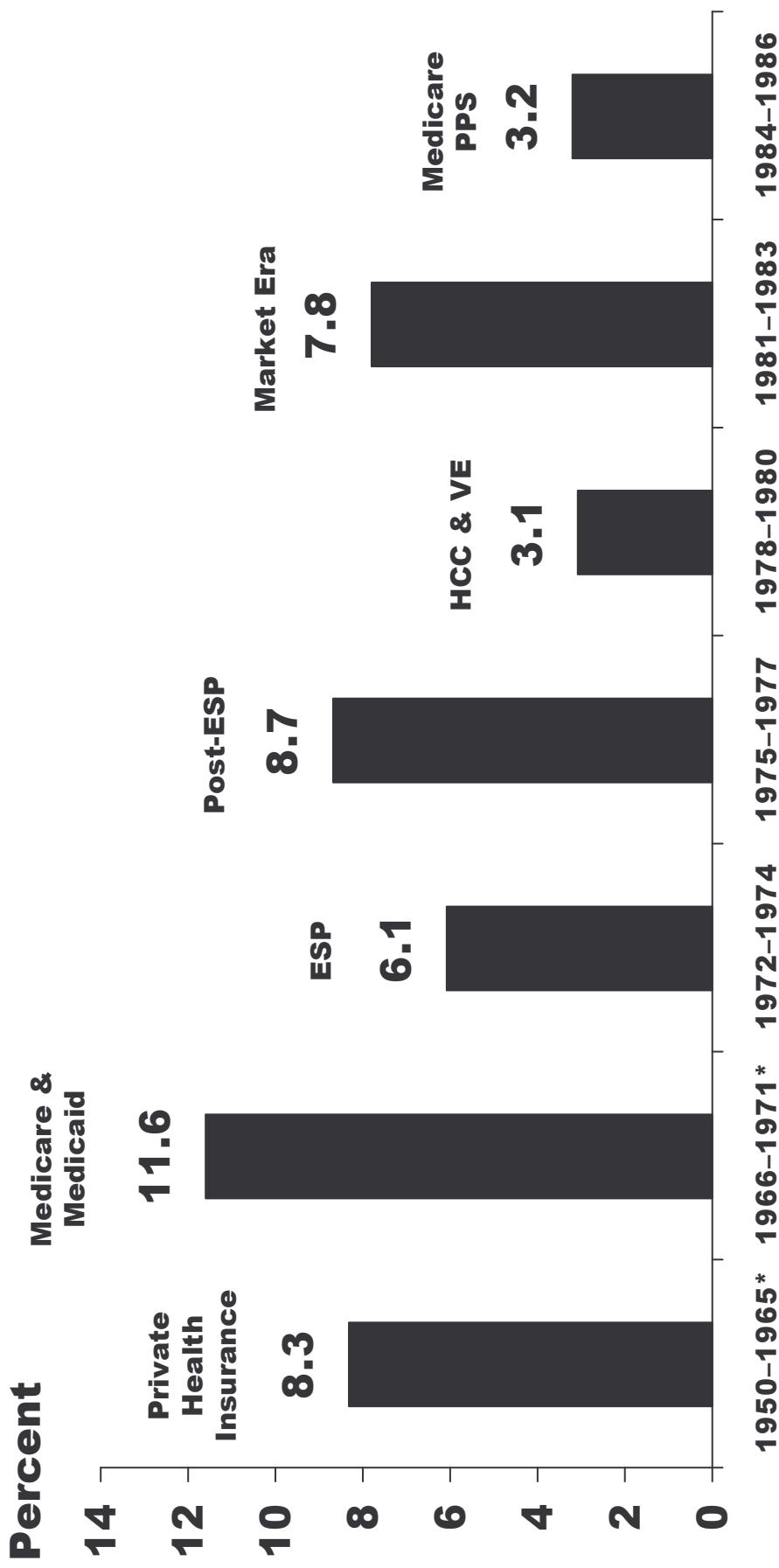
# If You Had New Funding to Invest in a One-Time Capital Improvement to Improve Quality of Patient Care in One Area of Your Hospital, What Would it Be?

<b>Percent saying:</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Electronic medical records/IT</b>	<b>35%</b>	<b>47%</b>	<b>46%</b>	<b>38%</b>	<b>62%</b>
<b>Emergency room/OR/Critical care facility</b>	<b>26</b>	<b>18</b>	<b>4</b>	<b>22</b>	<b>13</b>
<b>Basic hospital/patient facilities</b>	<b>17</b>	<b>14</b>	<b>21</b>	<b>22</b>	<b>3</b>
<b>Diagnostic equipment/medical technology</b>	<b>9</b>	<b>16</b>	<b>11</b>	<b>10</b>	<b>3</b>



Source: 2003 Commonwealth Fund International Health Policy Survey of Hospital CEOs.

# Average Annual Rate of Increase in Real Community Hospital Expenses, 1950–1986



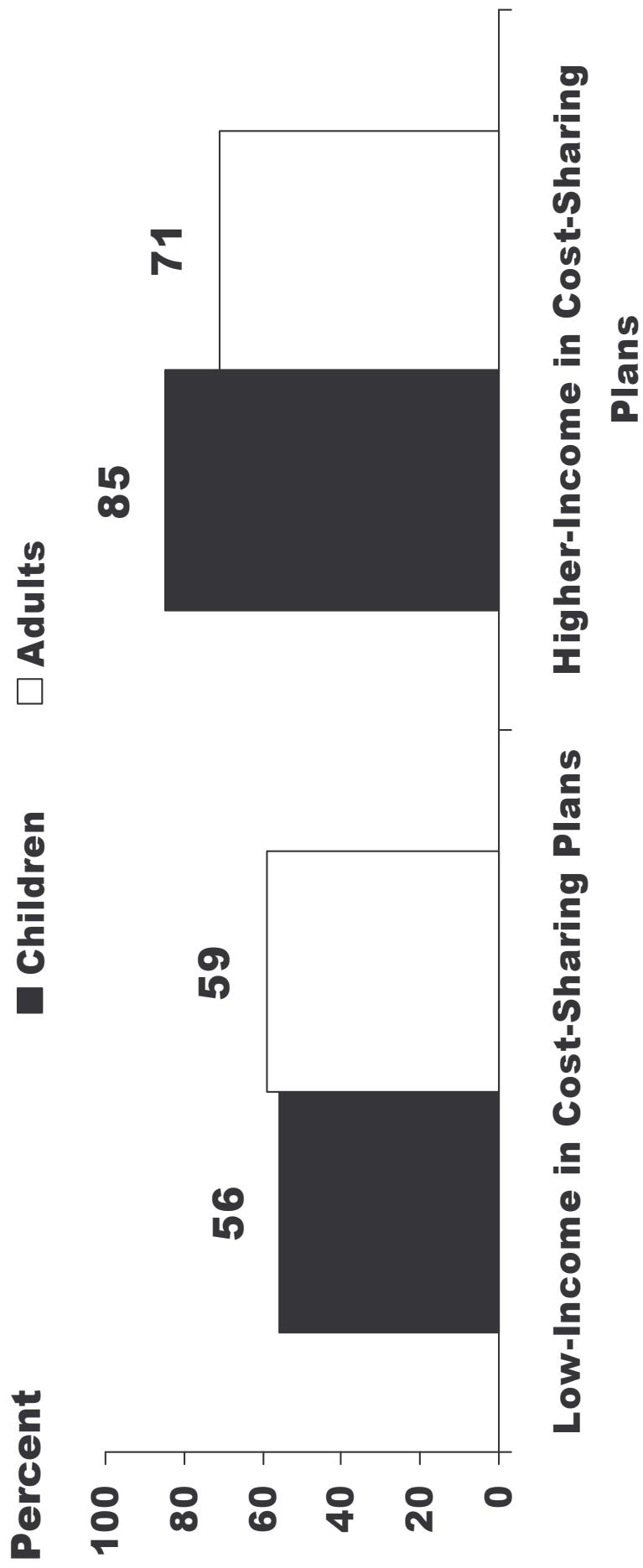
\* Annualized.

Source: K. Davis et al., *Health Care Cost Containment*, Baltimore: Johns Hopkins University Press, 1990, p. 171.



# Cost-Sharing Reduces Likelihood of Receiving Effective Medical Care

**Probability of receiving highly effective care for acute conditions that is appropriate and necessary compared to those with no cost-sharing**



Source: K.N. Lohr et al., Use of Medical Care in the RAND HIE. *Medical Care* 24, supplement 9 (1986): S1-87.



# Cost-Sharing Reduces Both Appropriate and Inappropriate Hospital Admissions



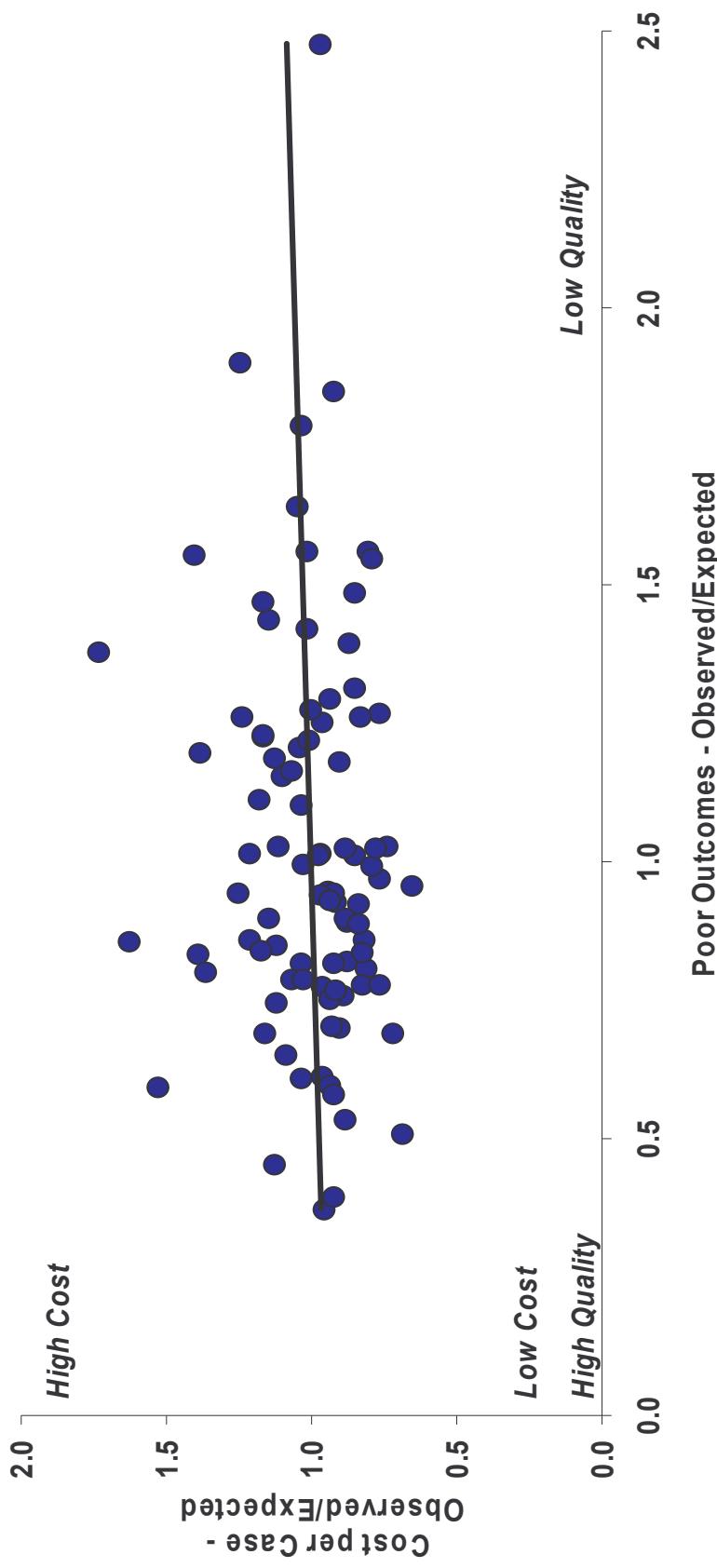
\* Based on Appropriateness Evaluation Protocol (AEP) instrument developed by Boston University researchers in consultation with Massachusetts physicians

Source: A.L. Siu et al., "Inappropriate Use of Hospitals in a Randomized Trial of Health Insurance Plans," *New England Journal of Medicine* 315, no. 20 (1986): 1259–1266.



# Cost and Quality Vary Widely Across Hospitals

**Coronary Artery Bypass Graft:  
Observed/Expected Cost vs. Observed/Expected Quality Outcomes  
by Hospital**



Source: S. Grossbart, Ph.D., Director, Healthcare Informatics, Premier, Inc.,  
“The Business Case for Safety and Quality: What Can Our Databases Tell Us,”  
5<sup>th</sup> Annual NPSF Patient Safety Congress, March 15, 2003.



# Pay for Performance Programs

- There are over 75 pay-for-performance programs across the U.S.
  - Provider driven (e.g., Pacificare)
  - Insurance driven (e.g., BC/BS in MA)
  - Employer driven (e.g., Bridges to Excellence—Verizon, GE, Ford, Humana, P&G, and UPS)
  - Medicare
    - 2003 Medicare Rx legislation demonstrates of Medicare physicians a per-beneficiary bonus if specified quality standards are met
  - Medicaid
    - Rite Care will pay about 1% bonus on its capitation rate to plans meeting 21 specified performance goals
    - 4 other states built performance-based incentives into Medicaid contracts—UT, WI, IO, MA
  - Evaluation of impact still pending

Source: Leapfrog report, draft for Commonwealth Fund.

